

CALIFORNIA WING

DISBURSEMENT REQUEST

INVOICE NUMBER:		INVOICE DATE:	
PAY TO:			
C/O OR ATTENTION:			
STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
DESCRIPTION OR EXPLANATION	ACCOUNT NUMBER	AMOUNT	
	- -	.	
	- -	.	
	- -	.	
	- -	.	
	- -	.	
	- -	.	
	- -	.	
	TOTAL	.	
Include original receipt(s), NOT copies. Include serial number for equipment purchases			
FINANCE COMMITTEE APPROVAL? YES <input type="checkbox"/> NO <input type="checkbox"/> Date of Approval: _____ Expenditures in excess of \$1,000.00 MUST be approved IN ADVANCE by the Finance Committee			Copy for: LG <input type="checkbox"/>
REQUESTED BY:	SIGNATURE:	SECTION:	DATE:
APPROVED BY:	SIGNATURE:	SECTION:	DATE:

CAWG Form 11e (12/03) (Previous Editions are obsolete)

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